

# PERSONAL FINANCIAL STATEMENT

FORM PFS  
COVER SHEET  
PAGE 1

Filed in accordance with chapter 572 of the Government Code.  
For filings required in 2019, covering calendar year ending December 31, 2018.  
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #  
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ACCOUNT #  
00067738

1 NAME	TITLE; FIRST; MI The Honorable Jeff C.		<b>OFFICE USE ONLY</b>  Date Received ELECTRONICALLY FILED 04/29/2019			
	NICKNAME; LAST; SUFFIX Leach					
2 ADDRESS	ADDRESS / PO BOX;		APT / SUITE #;	CITY; STATE; ZIP	Receipt #	
					HD / PM	Amount
<input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS)						Date Processed
3 TELEPHONE NUMBER	AREA CODE		PHONE NUMBER;	EXTENSION	Date Imaged	
4 REASON FOR FILING STATEMENT	<input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) <input checked="" type="checkbox"/> ELECTED OFFICER Texas House of Representatives, District 67 _____ (INDICATE OFFICE) <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) <input type="checkbox"/> OTHER _____ (INDICATE POSITION)					

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Rebecca Leach

DEPENDENT CHILD 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

# SOURCES OF OCCUPATIONAL INCOME

## PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1 INFORMATION RELATES TO</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>2 EMPLOYMENT</b> <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	<b>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</b> <input type="checkbox"/> (Check if Filer's Home Address) <b>EMPLOYER</b> Gray Reed & McGraw, P.C. ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1601 Elm Street Suite 4600 Dallas, TX 75201  <b>POSITION HELD</b> Associate Attorney
<input type="checkbox"/> SELF-EMPLOYED	<b>NATURE OF OCCUPATION</b>
<b>INFORMATION RELATES TO</b>	<input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b> <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER	<b>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</b> <input type="checkbox"/> (Check if Filer's Home Address) <b>EMPLOYER</b> Texas House of Representatives ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1100 North Congress State Capital Austin , TX 78701  <b>POSITION HELD</b> State Representative
<input type="checkbox"/> SELF-EMPLOYED	<b>NATURE OF OCCUPATION</b>
<b>INFORMATION RELATES TO</b>	<input type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
<b>EMPLOYMENT</b> <input type="checkbox"/> EMPLOYED BY ANOTHER	<b>NAME AND ADDRESS OF EMPLOYER / POSITION HELD</b> <input checked="" type="checkbox"/> (Check if Filer's Home Address) <b>EMPLOYER</b> SELF ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   <b>POSITION HELD</b>
<input checked="" type="checkbox"/> SELF-EMPLOYED	<b>NATURE OF OCCUPATION</b>

# MUTUAL FUNDS

## PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

<b>1</b> MUTUAL FUND	NAME Mainstay VP High Yield Corporate Bond - Initial Class			
<b>2</b> SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
<b>3</b> NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
<b>4</b> IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME Fidelity VIP Contrafund - Initial Class			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME Mainstay VP Enoch U.S. Equity Yield- Initial Class			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

MUTUAL FUND	NAME Mainstay VP Van Eck Global Hard Assets - Initial Class			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 500 TO 999 <input type="checkbox"/> 1,000 TO 4,999 <input type="checkbox"/> 5,000 to 9,999 <input type="checkbox"/> 10,000 OR MORE			
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE			

# MUTUAL FUNDS

## PART 4

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When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 MUTUAL FUND	NAME Mainstay Emerging Markets Equity Portfolio - Initial Class			
2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

MUTUAL FUND	NAME Mainstay VP Small Cap Core - Initial Class			
SHARES OF MUTUAL FUND HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
NUMBER OF SHARES OF MUTUAL FUND	<input checked="" type="checkbox"/> LESS THAN 100	<input type="checkbox"/> 100 TO 499	<input type="checkbox"/> 500 TO 999	<input type="checkbox"/> 1,000 TO 4,999
	<input type="checkbox"/> 5,000 to 9,999	<input type="checkbox"/> 10,000 OR MORE		
IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input type="checkbox"/> \$25,000--OR MORE

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Capital One Auto Finance			
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
3 GUARANTOR	NONE			
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Suntrust Mortgage			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	GMAC Financial			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE
PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	Mohela			
LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____	
GUARANTOR	NONE			
AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999	<input checked="" type="checkbox"/> \$25,000--OR MORE

# PERSONAL NOTES AND LEASE AGREEMENTS

## PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT	InTouch Credit Union		
2 LIABILITY OF	<input checked="" type="checkbox"/> FILER	<input checked="" type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
3 GUARANTOR	NONE		
4 AMOUNT	<input type="checkbox"/> \$1,000 - \$4,999	<input type="checkbox"/> \$5,000 - \$9,999	<input type="checkbox"/> \$10,000 - \$24,999
	<input checked="" type="checkbox"/> \$25,000--OR MORE		

# INTERESTS IN REAL PROPERTY

## PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 HELD OR ACQUIRED BY	<input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____
2 STREET ADDRESS  <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS	STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE  [REDACTED]
3 DESCRIPTION  <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES	NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED  1.00000 lots Collin
4 NAMES OF PERSONS RETAINING AN INTEREST  <input type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST)	SunTrust Mortgage  Wells Fargo Bank, NA
5 IF SOLD  <input type="checkbox"/> NET GAIN <input checked="" type="checkbox"/> NET LOSS	<input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE

# BOARDS AND EXECUTIVE POSITIONS

## PART 12

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, **and DO NOT include this page in the report.**

List all boards of directors of which you, your spouse, or a dependent child are a member and all executive positions you, your spouse, or a dependent child hold in corporations, firms, partnerships, limited partnerships, limited liability partnerships, professional corporations, professional associations, joint ventures, other business associations, or proprietorships, stating the name of the organization and the position held. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

1 ORGANIZATION	Meals on Wheels Collin County		
2 POSITION HELD	Advisory Board		
3 POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Engage Foundation, Inc.		
POSITION HELD	Board of Directors, Member		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____
ORGANIZATION	Houston Baptist University		
POSITION HELD	Board of Trustees, Member		
POSITION HELD BY	<input checked="" type="checkbox"/> FILER	<input type="checkbox"/> SPOUSE	<input type="checkbox"/> DEPENDENT CHILD _____

# PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS

COVER SHEET

PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. **If you place a check in a box, do NOT include pages for that Part in the report.**

## 6 PARTS NOT APPLICABLE TO FILER

- N/A Part 1A - Sources of Occupational Income
- N/A Part 1B - Retainers
- N/A Part 2 - Stock
- N/A Part 3 - Bonds, Notes & Other Commercial Paper
- N/A Part 4 - Mutual Funds
- N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- N/A Part 6 - Personal Notes and Lease Agreements
- N/A Part 7A - Interests in Real Property
- N/A Part 7B - Interests in Business Entities
- N/A Part 8 - Gifts
- N/A Part 9 - Trust Income
- N/A Part 10A - Blind Trusts
- N/A Part 10B - Trustee Statement
- N/A Part 11A - Business Associations
- N/A Part 11B - Assets of Business Associations
- N/A Part 11C - Liabilities of Business Associations
- N/A Part 12 - Boards and Executive Positions
- N/A Part 13 - Expenses Accepted Under Honorarium Exception
- N/A Part 14 - Interest in Business in Common with Lobbyist
- N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- N/A Part 16 - Representation by Legislator Before State Agency
- N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- N/A Part 18 - Legislative Continuances
- N/A Part 19 - Contracts with Governmental Entity
- N/A Part 20 - Bond Counsel Services Provided by a Legislator

# PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018 , and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Jeff C. Leach

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Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

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Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath